

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance NEW BEDFORD

Commonwealth of Massachusetts	2014 JAN 21 PM 14 46k or Election Commission
Fill in Reporting Period dates: Beginning Date: 1-	-1-2013 Endarder E EQUIDN 2013 COMMISSIONER
Type of Report: (Check one)	24.24 ₁
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report X dissolution
Victor C. Pinheiro	Committee to Elect Victor C. Pinheir
Candidate Full Name (if applicable)	Committee Name
27./3	Maria A. Lima
N/A Office Sought and District	Name of Committee Treasurer
540 Brock Ave., N.B., MA 02744	540 Brock Ave., N.B., MA 02744
Residential Address	Committee Mailing Address
Telephone Number (optional): (508) 992-0780	Telephone Number (optional): (508) 992-0780
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report	\$564.74
Line 2: Total receipts this period (page 3, line 1	1) 0.00
Line 3: Subtotal (line 1 plus line 2)	\$564.74
Line 4: Total expenditures this period (page 5, 1	line 14) \$564.74
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period ((page 6)
Line 7: Total (all) outstanding liabilities (page	7)
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the lactivity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check in the committee of the c	(Treasurer's signature) Date: 1/19/14
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting period.
I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburger campaign finance activity of all persons acting under the authority of on behalf	o the best of my knowledge and belief, a true and complete statement of all campaign nents, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	NONE		
18.			
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Red	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	NONE		
4			.5
3			
		A STATE OF THE STA	
Line 9: Total Rece	ipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

D / 3	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)			
2/19/13	CTE Thomas Hodgson	158 Hathaway Rd. N.Dart.,MA 02747	Donation	\$70.00
3/01/13	Inner Bay Resturan	1339 Cove Rd.,NB	Dignatory Luncheon	\$494.74
]		
	*			
		Line 12: Total Expenditures		\$564.74
		Line 13: Total Expenditures	\$50 and under* (not listed above)	0.0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	NONE			
		Line 12: Expenditures over	er \$50 (or listed above)	
		Line 13: Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4	→ Line 14: TOTAL EXPE	NDITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NONE			1 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			·	
<u>t</u>		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above	
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Address	Purpose	Amount
	NONE			
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		7 → Line 18: TOTAL OUTST		

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